FILED IN THE U.S. DISTRICT COURT EASTERN DISTRICT OF WASHINGTON

United States District Court Eastern District of Washington

Nov 18, 2020

SEAN F. MCAVOY, CLERK

Harry Kenneth Waymoth	
(In the space above enter the full name(s) of the plaintiff(s).)	
-against-	Case No. 4:20-cv-05224-TOR (To be filled out by Clerk's Office only)
Washington Department of Corrections	COMPLAINT (Pro Se Prisoner)
	Jury Demand? □Yes
(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section IV. Do not include addresses here.)	□ No

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

T	CC	TME	PT A	INT
l.	vι	ノメヤエス		T. 1 T.

for pro . which a	e below the federal legal basis for your claim, if known. This form is designed primarily se prisoners challenging the constitutionality of their conditions of confinement, claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) "Bivens" action (against federal defendants).
Z	42 U.S.C. § 1983 (state, county, or municipal defendants)
	Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
II.	PLAINTIFF INFORMATION
Wa Nam	y moth Harry K ne (Last, First, MI) Aliases
	05656 oner ID #
Co> Place	vote Ridge Corrections Center e of Detention
<u> </u>	Ol N. Ephrata tutional Address

III. PRISONER STATUS

l	ndicate wi	hether yo	ou are a j	prisoner or	other confined	person as	follows:

Pretrial detainee
Civilly committed detainee
Immigration detainee
Convicted and sentenced state prisoner
Convicted and sentenced federal prisoner

IV. DEFENDANT(S) INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could result in the delay or prevention of service. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant 1:	Washington	Department	of Corrections	1
	Name (Last, First)	/		
	Current Job Title			
	Current Work Address			
	Correte City	Chaha	The Code	<u></u>
	County, City	State	Zip Code	
Defendant 2:				
	Name (Last, First)			
	Current Job Title			
	Current Work Address			
	County, City	State	Zip Code	

V. STATEMENT OF CLAIM

Place(s) of occurrence:	Coyote	Ridge	Cor	rections	Center
Date(s) of occurren	nce:				
State which of your	federal constitution	al or federal s	statutory r	rights have been vi	olated:
14th Amendi	ment-Righ	nt to E	qual	Protection	n under
Law	V		V	•	

State here briefly the FACTS that support your case. Describe how each defendant was personally involved in the alleged wrongful actions, state whether you were physically injured as a result of those actions, and if so, state your injury and what medical attention was provided to you.

FACTS:

On multiple occasions since bring incurrented I have been pat searched by female efficers, due to my past, this causes panic attacks. I filed my first grievance on 6-7-2019 in regards to an officers reaction to me being uncomfortable being touched by a female. (Exibit A-1) I was told by Lt. Hollibaugh that I had no choice on the gender of the officer that searches me. Upon later research I found policy 420.310 which protects female inmates from pat search from male officers. On 2/18/20 I started the grievance process against this policy. Exibits A-2, A-3, A-4 are the grievances filed.

I have a previous history of fear of females. (Exibits B-1, B-2, B-3) I have provided copies of the relevent records from previous mental Health records

highlighted areas and underlined. I have sought
mental health assistance currently due to
the physical Toll on my body.
The panic attacks I suffer when leaving the
Dining hall happen near daily and I have started
having sustained chest pains. I have contacted
medical for help with the chest pains and was
given information on the physical tall and injurie
to the body from continueurs panic attacks. With 1
daily panic, attacks doing such damage to
me, I believe it Constitutes Crael & Unuas Panishment.
DOC policy 100.500 I. The department
prohibits discrimination or unfair/illegal Treatment
on the basis of national origin, race, color, religion,
age, gender, marital status,
DOC policy 420,310 II. D. Pat searches will
be conducted by Trained employees/contract
staff, Pat searches of female offenders will
only be conducted by female employees / contract
staff, except in emergent situations.
000 1 100000
DOC policy 420.310 II. D. 2. When a male
employee/contract staff pat searches a female
offender, a report will be completed in the
Incident Management Reporting System (IMRS)
before the end of shift. The distribution will include
the PREA Coordinator.

Washington Constitution Article XXXI \$1. Equality
not denied because of sex. Equality of rights
and responsibility under the law shall not be
denied or abridged on account of sex.
217 F. 3d 333 Equal Protection. It is clearly
established that a state vsolates the equal
protection clause when it treats one set of
persons differently from others who are similarly
See Wheeler V. Miller 168 F. 3d 241, 252 (5th cir. 1999)
(5th csr. 1999)
·

WARNING: Prisoners must exhaust administrative procedures before filing an action in feder court about prison conditions. 42 U.S.C. § 1997e(a). Your case may be dismissed if you have revealed your administrative remedies. Have you filed a grievance concerning the facts relating to this complaint? ★Yes □ N If no, explain why not:	VI.	ADMINISTRATIVE PROCEDURES		
If no, explain why not: Is the grievance process completed? If no, explain why not: VII. RELIEF State briefly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. Due to physical harm done to my body caused by D inflicting actions that cause a panic attack I so monetary campensation in the amount of \$750,000.	WAR! court	NING: Prisoners must exhaust administrative procedures before filing a about prison conditions. 42 U.S.C. § 1997e(a). Your case may be dismi		•
If no, explain why not: VII. RELIEF State briefly what you want the court to do for you. Make no legal arguments. Cite no cases on statutes. Due to physical harm done to my body caused by Dinflicting actions that cause a panic attack I so monetary campensation in the amount of \$750,000.	Have		Yes	□ No
If no, explain why not: VII. RELIEF State briefly what you want the court to do for you. Make no legal arguments. Cite no cases on statutes. Due to physical harm done to my body caused by Dinflicting actions that cause a panic attack I so monetary compensation in the amount of \$750,000.				
State briefly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. Due to physical harm done to my body caused by Dinflicting actions that casuse a panic attack I so monetary compensation in the amount of \$750,000.	Is the		∀ Yes	□No
State briefly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. Due to physical harm done to my body caused by Dinflicting actions that cause a panic attack I so monetary compensation in the amount of \$750,000.				
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Due to physical harm done to my body caused by D inflicting actions that casuse a panic attack I so monetary compensation in the amount of \$750,000.	VII.	RELIEF		
monetary compensation in the amount of \$750,000.		• • •	. Cite no c	eases or
inflicting actions that cause a panic attack I so monetary compensation in the amount of \$750,000.	Due	to physical harm done to my body cau	used E	y DO
monetary compensation in the amount of \$750,000.				
I also seek a court order mandating a policy change to protect all genders from cross gender	Mo	netary compensation in the amount of	\$750,	000 ,
change to protect all genders from cross gender	1	also seek a court order mandating a	a poli	<i>C</i> \
	Cho	unge to protect all genders from cross	gendy	

VIII. PRISONER'S LITIGATION HISTORY

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in forma pauperis in federal court if that prisoner has "on three or more occasions, while incarcerated detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which remay be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. §1915(g).	
Have you brought any other lawsuits in state or federal court while a Prisoner?	O
If yes, how many?	
Number each different lawsuit below and include the following:	
 Name of case (including defendants' names), court, and docket number Nature of claim made 	
 How did it end? (For example, if it was dismissed, appealed, or is still pending, explain below.) 	L

IX. PLAINTIFF'S DECLARATION AND WARNING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where caserelated papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Plaintiff must sign and date the complaint and provide prison identification number and prison address.

11-13-2020 Dated	- Art	amii 6 s Signature	
Way moth Hay Printed Name (Last, First, MI)	my H		
405656 Prison Identification #			
1301 N.E phrata Prison Address	<u>Connell</u> City	WA State	99326 Zip Code

LOG LD. NUMBER/NUM. DE REGISTRO 19680837

7-22-19

Date Fecha



EMPLOYEE CONDUCT GRIEVANCE QUEJA ACERCA DE LA CONDUCTA DEL PERSONAL

Name:	Lasi	First	Middle	DOC Number	Facility/Offi	ce	Unit/Cell
Nombre:	Apellido	Nombre	2do Nombre	Número DOC	Institución/	Oficinà	Unidad/Celda
	Waymoth	Harry	K	405656	CRCC		BB61-2U
PART A -	PART A - EMPLOYEE CONDUCT GRIEVANCE			Date Typed / Fecha	escrita a mano	Date Due / F	echa de vencimiento
PARTE A	PARTE A - QUEJA ACERCA DE LA CONDUCTA DEL PERSONAL			6/28/20)19		· · · · · · · · · · · · · · · · · · ·

I WANT TO GRIEVE: / QUIERO QUEJARME DE: On Friday May 31st at morning mainline I was asked to stand for search by officer Neason. I expressed I was uncomfortable having a woman search me and stood for a male officer instead. As I was walking away officer Neason stated "What a wierdo, wanting a guy to touch on them" I responded "I simply do not like to be touched by women against my will" Her respond was "no woman would want to touch you, you wierdo" I believe her derogatory comments of an insinuating sexual content is in violation of my rights as a prisoner. I feel I may need to file formal complaints about the facility due to the actions and comments of this officer

SUGGESTED REMEDY/ REMEDIO SUGERIDO: I suggest she be transfered to a position to which she would not be regularly searching male inmates. Best remedy would be to transfer her to a women's facility.

/s/ K. Hodgson KH	6/18/2019	/s/ Harry Waymoth	6/7/2019
Grievance Coordinator Signature	Date	Grievant Signature	Date
Firma del Coordinedor de quejas	Fecha	Firme del agraviado	Fecha

PART B - LEVEL II RESPONSE I PARTE B - RESPUESTA NIVEL II

Your level II grievance investigation was completed by Lieutenant D. Hollibaugh. During the investigation, you and Correctional Officer S. Nissen were interviewed.

During the investigation, Lt. Hollibaugh advised you on the search process and the expectations of both staff and offenders. The investigation determined that CO Nissen denied calling you a wierdo and that she does not use that term. However, Lt. Hollibaugh met with all response and movement officers and reminded them about being professional. There is insufficient evidence to support your claim of staff misconduct.

> Superintendent, Community Corrections Supervisor, Field Administrator Signature Firms del Superintendente, Supervisor de Reclusorio Nocturno, Administrador de Correcciones Comunitaries

You may appeal this response by submitting a written appeal to the coordinator within five (5) working days from date this response was received. Ud. puede apelar esta respuesta al enviar una apelación escrita al Coordinador dentro de cinco (5) días hábiles de la fecha de recibir este contestación.

Exibit Case 4:20-cv-05224-TOR ECF No. 1 filed 11/18/20

20696527



LEVEL I - INITIAL GRIEVANCE NIVEL 1 - QUEJA INICIAL

Name: NOMBRE:	Last APELLIDO	First PRIMERO NOMBRE	Middle 200 NOMBRE	DOC Number NUMERO DOC	Facility/Office FACILIDAD	Unit/Celi UNIDAD/CELDA
	Waymoth	Harry	K	405656	CRCC	E A48-1L
PART A - INITIAL GRIEVANCE/PARTE A - QUEJA INICIAL				Date Typed 02/26	3/20 Date Due	

I WANT TO GRIEVE / QUIERO QUEJARME DE: DOC policy 420.310 #D and 420.310 II D2 are sexually biased and discriminatory towards male inmates. Instead of stating that only female inmates are protected from opposing gender searches, it should be worded in such a way as to make all inmates safe from opposing gender pat searches.

I feel extremely uncomfortable being searched by females and this policy removes my right to not be touched by someone of the opposite gender without my consent. As safety and security is an understandable issue, there are more than enough male officers to pat search the male inmate population.

SUGGESTED REMEDY / REMEDIO SUGERIDO: Policy wording be changed to protect all inmates rights, regardless of their gender class.

/s/ Carianne Shuster	02/24/20	/s/ Harry Waymoth	
Grievance Coordinator Signature	Date	Grievant Signature	Date
FIRMA DE COORDINADOR DE QUEJAS	FECHA	FIRMA DE QUEJANTE	FECHA

PART B - LEVEL I RESPONSE I PARTE B RESPUESTA PRIMER NIVEL

Your investigation was completed by CS3 Gonzalez, G.

Policy 420.310 states;

All searches will be conducted in a professional manner, while recognizing privacy needs and avoiding unnecessary force, embarrassment, or indignity to the offender being searched.

If you feel at any time an officer conducting a pat search is in violation of this policy report it as you feel necessary.

At this time policy wording will not be changed and your remedy cannot be met.

Grievance Coordinator Signature COORDINADOR DE QUEJAS

Date FECHA

You may appeal this response by submitting a written appeal to the Coordinator within five (5) working days from date this response was received. Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recibida.



LOG I.D. NUMBER 20696527

APPEAL TO LEVEL II APELACIÓN AL 2DO NIVEL

Date

Name: NOMBRE:	Last APELLIDO Waymoth	First PRIMERO NOMBRE Harry	Middle 200 NOMBRE K	DOC Number NUMERO DOC 405656	Facility/FACILIDAD Office CRCC	Unit/Cell UNIDAD/CELDA H A10-1L
PART A - INITIAL GRIEVANCE/PARTE A - QUEJA INICIAL				Date Typed 03/25/2	O Date Duo	

I WANT TO APPEAL: If the regards are directed to proffessionalism then why is section D even put in policy? It is in place to protect DOC from sexual assault lawsuits by restricting the possible chance of a misconstrued pat search. I have read policy and it is discriminatory and needs to be changed. Changing the wording "male" and "female" to "opposed gender" solves this issue and protects DOC from lawsuits still. I still propose my previous remedy.

SUGGESTED REMEDY:

/s/ Gabriel Gonzalez GG	03/25/20	/s/ Harry Waymoth	03/20/20
Grievance Coordinator Signature	Date	Grievant Signature	Date
FIRMA DE COORDINADOR DE QUEJAS	FECHA	FIRMA DE QUEJANTE	FECHA

PART B -LEVEL II RESPONSE/PARTE B RESPUESTA 2DO NIVEL

Your level 2 investigation was completed by CUS Chris Hicks.

Policy 420.310 was reviewed during this investigation.

You were interviewed regarding this investigation.

Concur with level one response to this complaint. There will be no changing of policy wording at this time.

A MODIFICATION TO , POLICY 420,310 SENECKES OF OPPENDERS IS NOT BEING PROPOSED THIS TIME.

> ent, Work Release Supervisor, Field Administrator Signature Superinten

SUPERINTENDENTE

You may appeal this response by submitting a written appeal to the coordinator within five (5) working days from date this response was received. Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recipida.

LOG I.D. NUMBERINUM, DE REGISTRO 20696527



APPEAL TO LEVEL III APELACIÓN AL 3ER NIVEL

Name; Nambre:	Last Apellido	First <i>Nombre</i>	Middle 2do Nambre	DOC Number Número DOC	Facility/Office Institución/Officine	Unit/Cell Unidad/Celda
P. CARLOS CONTRACTOR C	Waymoth	Harry	K	405656	CRCC	H A10-1L
PART A - APPEAL TO LEVEL III		Date Typed / Feche escrita a mano		Due Date / Fecha de	vencimienta	
PARTE A - APELACIÓN 3 ^{ER} NIVEL		04/09/20				

I WANT TO GRIEVE / QUIERO QUEJARME DE: I formally appeal to level 3. In my initial grievance I stated that policy 420.310 D and 420.310 D2 are sexually biased and discriminatory towards male inmates. I stated the wording needed changed to be able to protect all gender classes. Please reference previous grievances.

SUGGESTED REMEDY / REMEDIO SUGERIDO: Change the words "Male" and "Female" to "Opposed aender".

	/s/ C. Shuster	04/07/20	/s/ Harry Waymoth	04/02/20
ļ	Grievance Coordinator Signature	Date	Grievant Signature	Date
	Firma del Coordinador de que as	Fecha	Firma del agreviado	Fecha

PART B - LEVEL III RESPONSE/PARTE B - RESPUESTA 3ER NIVEL

I reviewed your initial grievance as well as all appeals and responses.

C. Headley, Program Manager - Security Operations, also reviewed this grievance and provided this response:

I reviewed your initial grievance, your level two appeal and the response provided to you. In order to fully investigate your Level 3 appeal, I reviewed DOC Policy 420.310 Searches of Offenders, and the Department of Justice National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA). DOC 420.310 is based on standards provided in the PREA Standards. Standard 115.15 Limits to Cross-Gender Viewing and Searches (c) states, "The facility shall document all cross gender strip searches and cross gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates." The Department of Corrections is in compliance with this standard throughout the agency, no further action will be taken with your grievance.

Assistant Secretary/Debuty Director/designee

Subsecretario/designado

Ex; 6.7 Base 4:20-cv-05224-TOR ECF No. 1 filed 11/18/20 PageID.14 Page 14 of 16

Greater Lakes Mental Healthcare Harry Kenneth Waymoth (ID# 04091647,003)

marijuana. We are scheduled to meet again next week.

Electronically signed by:

Client Name:	Harry Waymoth	Client ID:	04091647			
Staff:	Tiffany Smorch	Date of Service:	8/24/2016			
Service Code:	Peer Support	Time of Service:	2:30 pm			
Program:	AE	Duration:	30 Minutes			
Consumer stated that he recently got fired from his job, and is also in jeopardy of losing his place. He rents a room in a duplex with friends, but he will not be able to stay if he can't pay rent in the future. Consumer said that he needs to have a consistent job, where he can pay bills on a regular basis. He also mentioned some interpersonal relationship issues with females and female friends. Consumer said that he fears females and does not understand where they come from sometimes.						
Reported extraord	Reported extraordinary events such as death, loss of housing/environment, relapse etc.: None Reported Yes, describe:					
Interventions Used EBP 1 EBP 2	l/Type of Therapy (if not checked above):					
Psycho-education 1	regarding diagnosis was provided during this session:	es P No				
Session Review (res	sponse to interventions, plan of action):					
place. He rents a he needs to have issues with fema sometimes. We c with transportati	ner attended session. Consumer stated that he recently got fired from his job room in a duplex with friends, but he will not be able to stay if he can't pay a consistent job, where he can pay bills on a regular basis. He also mention les and female friends. Consumer said that he fears females and does not undiscussed what let to consumer being fired, and how he handled the situation on to get to and from work. He is trying to save up money to get a bus pass, and we briefly discussed some coping skills. Consumer stated that he likes	rent in the future. Coned some interpersonal derstand where they con. We also discussed he has mentioned has	nsumer said that relationship ome from is main issue ving an anxiety			

Tiffany Smorch, Certified Pt 08/24/2016 5:24:23PM

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Exilit $B\bar{c}$ as 4:20-cv-05224-TOR ECF No. 1 filed 11/18/20 PageID.15 Page 15 of 16

Greater Lakes Mental Healthcare Harry Kenneth Waymoth (ID# 04091647,003)

Client Name:	Harry Waymoth	Client ID:	04091647			
Staff:	Amy Vitacolonna	Date of Service:	6/22/2016			
Service Code:	Individual Therapy	Time of Service:	1:00 pm			
Program:	AE	Duration:	60 Minutes			
EBP 1 EBP 2 Client centered to	Interventions Used/Type of Therapy (if not checked above): EBP 1					
Session Review (re-	sponse to interventions, plan of action):					
share history of go too deep due	x session alone. Client was an active participant in treatment. Client center abuse, sexual molestation, and death of his mother. Client was able to procuo trauma associated with events and not that far into treatment. Discussed als, strengths and motivators for change. Client stated he has not had any second as the contract of the	ess feelings of loss; ho development of copin	wever, did not g skills.			

06/27/2016 10:57:43AM

File Generated on 08-07-2020

Exilit B-3 Case 4:20-cv-05224-TOR ECF No. 1 filed 11/18/20 PageID.16 Page 16 of 16

Greater Lakes Mental Healthcare Harry Kenneth Waymoth (ID# 04091647,003)

Harry reports "Sexual assaults was starting from Kindergarten".	s when I was younger	by my mom, dad,	and auntThe p	hysical assaults w	as like all my life
CPS/APS report made?	N/A	○ Yes	O No,	explain below	
Any other past or current trauma of	or adverse event repor	ted?	Denied	Yes	, describe below
Harry reports "I have been in car a high anxiety when I am in the car for special forces and there are tim	with someone to the p	oint where they ha	ve to stop the ca	ar at times I was	in the military [Army]
If individual/family report traumat Harry reports "	cic events for individua	al, describe results	of PTSD screen	ning:	

Individual/family wish to addres	s issues related to abu	se/neglect and/or o		○ N/A • `	Yes No
Current/past history of legal involv pending, court orders, assaults, don	rement (e.g., divorce, mestic violence, Becca	child custody, ban	cruptcy, incarce	ration, probation/p):	arole, current court
O Denied	Yes, describe below				
Harry reports "The divorce and and	d my car being impou	nded".			
Adult individual is under Departm	•	_	Denied	○ Yes	
If "yes", individual is court ord		treatment?	O Denied	○ Yes	Unsure
If "yes", copy of Court Orde Individual is on Least Restrictive		Conditional Releas			⁄es
If "yes", copy of LRA/CR	btained?			Yes 🔘	No
Start Date:		End Date:			
Specifies of Court Order:					
CCO Name:				Phone:	
For Youth (if applicable):					
Juvenile Probation Counselor Na	me:			Phone:	
Child Welfare Services/CPS Soci	ial Worker Name:			Phone:	

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